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03/01/2004

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(Depositor's na (Signat (D

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/989,407	11/21/2001	Masashi Aonuma	Q66492	9757	

TITLE OF INVENTION: IMAGE AND INFORMATION PROCESSOR

EXAMINER ART UNIT CLASS-SUBCLASS GAGLIARDI, ALBERT J 2878 250-583000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorney or agent) and the names of up to 2 registered attorney or agent) and the names of up to 2 registered attorney or agent) and the names of up to 2 registered attorney or agent) and the names of up to 2 registered attorney or agent) and the names of up to 2 registered attorney or agent) and the names of up to 2 registered attorney or agent) and the names of up to 2 registered attorney or agent) and the name of up to 3 registered attorney or agent attorney or agent attorney or agent attorney or agent attorney	APPLN. TYPE	DATE DUE	
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Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. attorneys or agents. If no name is listed, no name will be printed.	CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form		

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

FUJI PHOTO FILM CO., LTD.

KANAGAWA, JAPAN

Please check the appropriate assignee category or category	ories (will not be printed on the patent);	☐ individual	Ocorporation or other private grou	up entity		
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Market Fee Of Publication Fee □ Advance Order - # of Copies	Please charge	A check is attached for the NOA Fees paym Please charge any payment deficiency and credit overpayment to PODA 19-4880.		dit any overpayment of this form).		
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(Authorized Signature) Susan F. Pan O NOTE: The Issue Fee and Publication Fee (if required	(Date)	6/1104
Susan P. Pan		Reg. 41,239
NOTE; The Issue Fee and Publication Fee (if required other than the applicant; a registered attorney or agen interest as shown by the records of the United States Pate	t or the ass	gonee or other party in

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